



ELK RAPIDS AREA HISTORICAL SOCIETY
GENEALOGY/RESEARCH REQUEST FORM

231-264-5692

*Research is a service provided to Historical Society Members.
If you are not a member, a membership form is attached.*

*Research will be initiated after all forms are received.
Although the Historical Society does not specifically charge its
members for genealogy/research work, donations for
extensive work are appreciated.*

PLEASE PRINT:

DATE OF REQUEST: _____ RESEARCH NEEDED BY: _____

Name

Mailing Address

City State Zip Code

Home Phone Work Phone E-mail Address

RESEARCH REQUEST:

APPLICATION FEE: \$10.00 + MEMBERSHIP FEE & FORM (See Membership Page)

____ Check (Payable to ERAHS)
____ Credit Card # _____
Exp. Date: _____ 3 digit Code: _____
Zip code of Credit Card: _____

*For email application & payment: research@elkrapidshistory.org

OR

*Mail application to : ERAHS, P.O.Box 2, Elk Rapids, MI 49629

.....
Museum Use Only:

Received request: _____

Research found & sent/date: _____ BY: _____

Updated 2/3/2024